

**DEPARTMENT OF GASTROENTEROLOGY, LIVERPOOL HOSPITAL NATIONAL
BOWEL CANCER SCREENING PROGRAM POSITIVE FOBT DIRECT ACCESS
COLONOSCOPY**

PATIENT INFORMATION LETTER

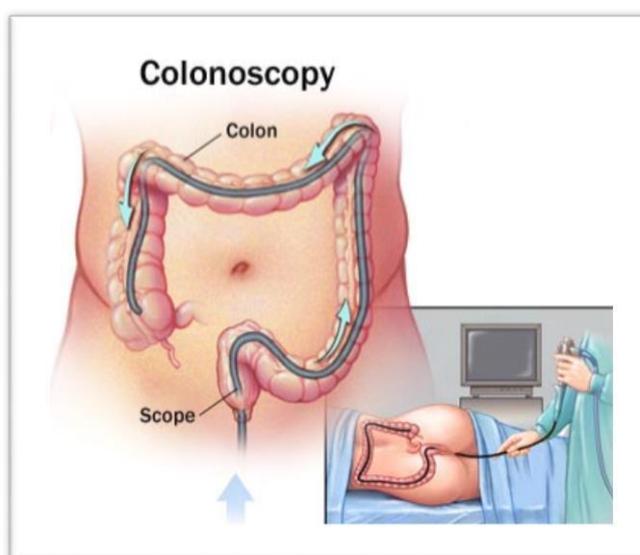
Bowel cancer screening saves lives by allowing for the early detection of bowel cancer as well as the detection and removal of pre-cancerous growths (polyps). Your stool test is positive, indicating that traces of blood have been detected in your stools. Whilst many people with a positive stool test do not have bowel cancer, the positive result means investigation with a COLONOSCOPY is advisable.

As you meet the safety criteria, you are eligible to have the colonoscopy directly without needing to attend a prior consultation with a Specialist.

If you have not had this procedure before, it is important that you familiarise yourself with the nature of the procedure, including the bowel preparation, safety and potential risks.

COLONOSCOPY

- A colonoscopy is a test which examines the entire large intestine (colon). A flexible, thin calibre instrument with a camera (the colonoscope) is inserted into the anus.
- The doctor gently guides it into the entire large intestine until it joins the small intestine and carefully examines the large intestine.
- If a polyp is present, it will be removed using tiny tools passed through the colonoscope, if it is safe to do so. If required, biopsies or samples from the large intestine may also be obtained.



PREPARATION FOR COLONOSCOPY

- To allow the best possible views at colonoscopy, the bowel needs to be well cleansed. It is important that you follow the instructions closely and prepare yourself adequately as the quality of the procedure depends on the quality of the bowel preparation.
- The written instructions for your bowel preparation are included. You can purchase the laxative from a pharmacy without a prescription.
- Our FOBT nurse will contact you in the next few days to discuss the procedure and bowel preparation in detail and to guide you through this entire process.

DAY OF COLONOSCOPY

- On your arrival to the endoscopy unit on the day of your colonoscopy, you will meet the attending Specialist.
- You may (if you haven't already) need to sign a consent form. A doctor will ask if you have had the procedure explained, you are aware of the potential complications and you understand and were able to ask questions
- You will be given intravenous sedation and will be asleep for the procedure.
- The colonoscopy takes approximately 20 to 45 minutes to complete.
- After the colonoscopy, you will stay for 1 to 2 hours until the sedation effects wear off.
- Before leaving the endoscopy unit, the specialist will see you to discuss the results and you will be given your follow-up instructions.
- You will need to be accompanied by a responsible adult when you leave the unit. Driving a vehicle is NOT PERMITTED 24 hours following the colonoscopy.
- Your stay in the endoscopy unit will be approximately 4-6 hours in total.

RISKS OF COLONOSCOPY

- A colonoscopy is a safe procedure and is performed by doctors who are specially trained in colonoscopy.
- However, there are several risks that you need to know before agreeing to have the test. The overall risk of a serious complication is approximately 1 in 1,000. The main complications of the colonoscopy are:
 - Bleeding especially after removal of polyps; this can occur even several days after the colonoscopy.

- Perforation (tearing or rupture) of the bowel wall. This occurs in only a very small proportion of patients and is slightly more common if polyps are removed. In many cases, this can be treated during the colonoscopy and the bowel wall will heal; however surgery may occasionally be required to repair the injury.
- Injury to or bleeding into the spleen.
- The risks from sedation are low but there is a small risk of aspiration (stomach contents ending up in the lungs), a cardiovascular event such as a heart attack or a stroke and allergy to medications.
- The colonoscopy is the most accurate method for detecting bowel cancer and polyps. However, there is a small possibility that polyps or bowel cancer may not be detected. This is much more likely if the bowel is not well prepared, so it is important that you follow the bowel preparation instructions carefully.
- In a small number of cases, the colonoscopy is not successfully completed and may need to be repeated at a later date.
- Finally, if you have a large polyp, another colonoscopy may be arranged to remove it at a later date.

CONTACT DETAILS

- Our FOBT nurse, Diana Aston (MB: 0407327290 or 87387939) will contact you in the next few days and guide you through this process. Please feel free to ask as many questions as you wish.
- **If at any stage you wish to see a Specialist for a consultation before your colonoscopy, please let us know.**